## **LOCATION OF DOCUMENTS**

Will:
DD214:
Current retired pay statement:
Marriage certificate(s):
Divorce decree(s)/property settlements(s):
Death certificate(s):
Birth certificates/adoption papers:
Retirement Orders or 20-year Letter:
Safe deposit box:
Tax returns:
Social Security Cards:
Investment papers (CDs, Mutual Funds, IRA, etc.):
Burial plot information:
Medical and dental records:
Real estate deeds:

## **PHONE NUMBERS/WEBSITES**

**Casualty Assistance Office** (call upon the death of the Retired Soldier): 1-800-626-3317; overseas, call collect (502) 613-3317 https://www.hrc.army.mil/TAGD/Reporting%20A%20Death

**Retirement Services Office**: Listed in every copy of *Army Echoes* or at https://soldierforlife.army.mil/retirement/rso

**DFAS Retired/Annuitant Pay:** 1-800-321-1080 http://www.dfas.mil/retiredmilitary.html

**VA:** 1-800-827-1000 http://www.va.gov

**Social Security:** 1-800-772-1213 http://www.ssa.gov

Update ID cards: 1-800-538-9552; www.dmdc.osd.mil/rsl

For more information on retirement topics, visit the Army Retirement Services website at http://soldierforlife.army.mil/retirement.

This pamphlet was prepared by the Army Retirement Services Office and may be reprinted by Army Retirement Services Officers. It is also posted at https://soldierforlife. army.mil/retirement/postretirement.





## RETIRED SOLDIER CASUALTY ASSISTANCE CHECKLIST

RETIRED SOLDIER INFORMATION	LIFE INSURANCE POLICIES	CREDITOR
Name:	Policy #:	Name/Account #:
Social Security number:	Company:	Phone/email:
Date/place of birth:	Amount:	Name/Account #:
Date of retirement:	Beneficiary:	Phone/email:
Retired rank:	Agent phone/email:	BURIAL INFORMATION
SURVIVOR BENEFIT PLAN	Policy #:	
Enrolled in SBP RCSBP (Circle one)	Company:	I would like to be: <b>Buried Cremated</b>
Election Category:	Amount:	Who should be notified of your death:
Did you disenroll? YES NO	Beneficiary:	Name:
VA CLAIM#:	Agent phone/email:	Relationship:
Eligible to draw VA disability compensation: YES NO	<u>INVESTMENTS</u>	Address:
Receiving Social Security? YES NO	Account #/Type:	Phone #:
Organ donor: YES NO	Issuer:	Name:
SPOUSE INFORMATION	Account #/Type:	Relationship:
Name:	lssuer:	Address:
Date of birth:	Account #/Type:	
Social Security number:	lssuer:	Phone #:
Date of marriage:	BANK ACCOUNTS	Name of cemetery where you want to be buried or have your ashes inurned:
Place (City, County, State):	Bank Name:	
CHILDREN INFORMATION	Phone/website:	
Name/Date of birth:	Account #/Type:	Do you want to be buried in your uniform? YES No.
Name/Date of birth:		Do you want a funeral? YES NO
Name/Date of birth:	Account #/Type:	If YES, where?
Name/Date of birth:	Account #/Type:	Do you have a preference of funeral home? YES N
Name/Date of birth:	Help your family today by filling out	If YES, which one?
Incapable of self-support? NO YES Which	this trifold and making sure your	Do you want a military honor guard? YES NO

family knows where to find it.